

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Big Horn Spring Creek Elementary 0020 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 140 22 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GDHG31U941125513 419 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0020 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Big Horn Hardin Public Schools 0023 1189 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 19 88 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Ron Johnson 1GDL6PIF6M7501647 E213 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0023 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Helena, MT 59620-2501 School Year 2005 - 2006

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receives state reimbursement ev	ven the	ough transpo	ortees of another legal er	ntity may utilize	the services.	ı	Poto Por Milo
Due Dates: All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57	
County Name	County Number		District Nan	ne		Legal Entity Number	
Big Horn		02	Hardin P	Hardin Public Schools		0023 1189	
Route #	Leng				vice Bus Route Mil		Rated Capacity
12	62			Bus Rout	□ Non Bus Mileage Bus Route Mileage		71
Vehicle I.D. #		License #		□ District Ow	District Owned Contractor Owned		
1GDL6PIFXMV501649		E215			Contract - If so, Name of Owner Ron Johnso Contracted rate per mile		n
Reimbursement Distribution- En	iter the	e legal entity		of state/county	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0023		Legal Entity	/ / 189	Legal Entity	,	Legal Entit	у
% 71.60		% 28.	40	%		%	
PASSENGER INFORMATION			EL ENGLITA DV	NDEDO.		DIDEDO	TOTAL
Number of Preschool/Kindergar this route	ten pu	pils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		
Regular (include eligible Preschool/k	Kinderg	arten riders)	NOMBER	·	NOMBER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	е					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees			·			Date	
County T This Application for Registration area assigned to it by the Count	of Scl	hool Bus and					
Signature - Chair, County Transporta						Date	



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Due Dates	•	ounty Supt	To OPI	F	Rate Per Mile		
All Routes		Octob	per 1	October 15	;	\$1.15	
County Name		County Number	District Nan	ne		Legal Entity Number	
Big Horn		02	Hardin P	Hardin Public Schools		0023 1189	
Route #	Length of Route	(miles per day)	Type of Ser	rvice Bus Route Mil Non Bus Milea		Rated Capacity	
20A	65		Bus Rout	e Mileage	age	57	
Vehicle I.D. #	License #		□ District Ow □ Contract -	ned [If so, Name of Owner	District Own	t Owned	
1BAAHCSHITF068191	458			rate per mile			
Reimbursement Distribution- En	ter the legal entity		of state/county tch budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity	,	Legal Entity	у	
0023							
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTA DV	UDEDO.	111011 2011001	DIDEDO	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	<u> </u>	C	
Regular (include eligible Preschool/h	(indergarten riders)	NOMBER		NOWIDER	<u> </u>	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)						
Nonpublic School Riders (ineligible)	arteri fiders)						
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	•			•	•		
Signature - Chair, Board of Trustees					Date		
This Application for Registration	of School Bus and						
area assigned to it by the Count Signature - Chair, County Transporta		Committee.			Date		
•							



1 copy State Supt. 1 copy County Supt. 1 copy School District

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Due Date All Routes				Cou tobe	nty Supt r 1	To OPI October 15	l	Rate Per Mile \$1.57
County Name			County Number		District Nan	ne		Legal Entity Number
Big Horn			02		Hardin Public Schools			0023 1189
Route #	Length	of Route (miles per day)		Type of Ser	rvice Bus Route Mi		Rated Capacity
13	29				Bus Rout	□ Non Bus Mile te Mileage	age	71
Vehicle I.D. #	Li	icense #			District Ow	ned [District Own	ned
4DRGSCNN1PA058472	3	321				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the le	egal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	L	egal Entity		nate	th budget! Legal Entity	,	Legal Entit	ty
0023		11	89					
% 71.60		% 28.	40		%		%	
PASSENGER INFORMATION		70 20.	40		70		70	
Number of Preschool/Kindergar	rton nunil	lo ridina	ELEMENTARY		_	HIGH SCHOOL	_	TOTAL ELIGIBLE RIDERS
this route	rten pupii	is fluing	(Grades F	- K-O)	(Grades 9-	12)	ELIGIBLE KIDEKS
			a NUMBE	=R		b NUMBER		c a + b
Regular (include eligible Preschool/h	Kindergart	ten riders)	TOWE.			Nowing		a i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	under 3 m	niles OR						
nonresident and no attendance agree otherwise allow nonresident riders to	o be eligib	ole)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
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bus operates on the route as ap	oproved b						sportation Cor	
Signature - Chair, Board of Trustees	5						Date	
County This Application for Registration area assigned to it by the County	n of Scho	ool Bus and	I State Reimbursemen			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport							Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Big Horn Hardin Public Schools 0023 1189 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 45 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Ron Johnson 1GDL6P1F5MB501770 E214 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0023 1189 71.60 % 28.40 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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Signature - Chair, County Transportation Committee



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Date

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Signature - Chair, County Transportation Committee



1 copy State Supt. 1 copy County Supt. 1 copy School District

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1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006

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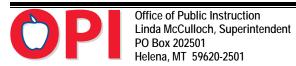
receives state reimbursement e	ven though transpo	ortees of another legal enti	ty may utilize	the services.	-	Deta Dan Mila
Due Dates: All Routes		To County Supt To OPI		То ОРІ	K	tate Per Mile
		Octobe	er 1	October 15	Ş	\$1.80
County Name		County Number	District Nam	ne		Legal Entity Number
Big Horn		02 Hardin Public S		ublic Schools		0023 1189
Route #	Length of Route			vice Bus Route Mil	eage	Rated Capacity
3	108		Bus Rout	□ Non Bus Milea e Mileage		89
Vehicle I.D. #	License #		District Ow	District Owned Contract		
1BAB1CXA7FG073857	B78	□ Contract - If so, Name of Ow□ Contracted rate per mile			Ron Johnson	
Reimbursement Distribution- Er	ter the legal entity	number and percentage o must mate		reimbursement to be pa	aid to each dist	rict. Note: Percentages
Legal Entity 0023	Legal Entity		Legal Entity		Legal Entity	1
0023	'	109				
% 71.60	% 28.	40	%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RII (Grades PK-8	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		а		р		C
Regular (include eligible Preschool/h	Kindergarten riders)	NUMBER		NUMBER	\	a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees						
County 1 This Application for Registration		mmittee Approval as red				
area assigned to it by the Count	y Transportation C		S SCOTT TEVIEV	Tod and I cominy mat mis	bus operates	waani ine tansportation
Signature - Chair, County Transportation Committee Date						



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Big Horn Hardin Public Schools 0023 1189 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1A 123 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BANNCSH6TF070169 357 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1189 0023 28.40 71.60 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda	nce with Title 20, 0	Chapter 10, Part 1, MCA	. School distric	t official must complete	one form for ea	ach bus route that
receives state reimbursement e	ven though transpo	ortees of another legal e	entity may utilize	the services.		Rate Per Mile
Due Dates All Routes			ounty Supt ber 1	To OPI October 15	:	\$1.80
County Name		County Number	District Nan	ne		Legal Entity Number
Big Horn		02	Hardin P	ublic Schools		0023 1189
Route #	Length of Route	(miles per day)	Type of Sei	Type of Service □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity
6	124		Bus Rout	te Mileage	aye	84
Vehicle I.D. #	License #		□ District Owned Contract		Contractor C	
3518	C921			If so, Name of Owner In It sate per mile	Ron Johnso	n
Reimbursement Distribution- En	nter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity	У	Legal Entity	,	Legal Entity	у
0023	17	189				
% 71.60	% 28.	.40	%		%	
PASSENGER INFORMATION		EL EMENTA DV	DIDEDO	111011 0011001	DIDEDO	TOTAL
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Pł		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMBER		₹	c a + b
Regular (include eligible Preschool/h	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)					
Nonpublic School Riders (ineligible)	garteri nders)					
TOTAL RIDERS						
We hereby certify that this bus wi	ill operate entirely on	the route established by the	e Board of Trustee	es and within the transporta	tion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify that us and bus route by t	t this bus transports pupils on the State Superintendent; to	eligible for school to make such repor	transportation as defined by ts to the State Superintende	/ 20-10-101, MC/ ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	iciting or causing other	ers to solicit students from o	other transportation	n areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse					een Boards, 20-1	10-126(2) MCA, signed by
the school boards of both districts shad understand route changes of accordance with 20-10-132, MCA.					County Transpo	ortation Committee in
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
County 1	Fransportation Co	ommittee Approval as	required in acc	ordance with Section 2	 20-10-132, MC	A.
This Application for Registration area assigned to it by the Count	of School Bus and ty Transportation C	d State Reimbursement			s bus operates	
Signature - Chair, County Transporta	ation Committee				Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Big Horn Lodge Grass Public Schls 0025 1190 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 129 84 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Nancy Mullenberg 1BAANC5HIRF059993 C238 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0025 1190 50.00 % % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

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1 copy State Supt.1 copy County Supt.1 copy School District

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Big Horn Lodge Grass Public Schls 0025 1190 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 100 36 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Carter Miklovich XXXXXXXXXXXXX7075 TD75 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0025 1190 40.00 % 60.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursemer Due D i All Rou	ates:	T	gal entity may utilize To County Supt Doctober 1	the services. To OPI October 15	Rate Per Mile \$1.57
County Name		County Number	District Nan		Legal Entity Number
•					
Big Horn Route #	Length of Route	(miles per day)		ass Public Schls vice Bus Route Mileag	0025 1190 Rated Capacity
4	104	(mics per day)	1	□ Non Bus Mileage e Mileage	· · ·
Vehicle I.D. #	License #		□ District Ow		tractor Owned
XXXXXXXXXXXXXX05	31 C331		 □ Contract - If so, Name of Owner Schender Lines Inc. □ Contracted rate per mile		
Reimbursement Distribution-	- Enter the legal entity		tage of state/county	reimbursement to be paid t	to each district. Note: Percentages
Legal Entity 0025	Legal Entity		Legal Entity	I	Legal Entity
% 70.00	% 30	.00	%		%
PASSENGER INFORMATION	N		DV DIDEC 3	1110110011001	500 50711
Number of Preschool/Kinder	garten pupils riding	ELEMENTA (Grade:		HIGH SCHOOL RID (Grades 9-12)	ERS TOTAL ELIGIBLE RIDERS
		NUM	a IBER	b NUMBER	c a+b
Regular (include eligible Prescho	ool/Kindergarten riders)				
st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Rela	ated Service				
TOTAL ELIGIBLE RIDERS					
neligible Public School Riders (i nonresident and no attendance a otherwise allow nonresident ride (Include ineligible Preschool/Kin Nonpublic School Riders (ineligi	agreement that would rs to be eligible) dergarten riders)				
TOTAL RIDERS					
County Transportation Committed We agree to supervision of the required; to provide a vehicle wh Superintendent; and to provide a We also agree to refrain from We understand that violations this bus route. We agree that if this route crockes chool boards of both district We understand route change accordance with 20-10-132, MC	see. We further certify that a so was and bus route by the sich meets the minimum a licensed, qualified and a soliciting or causing others of the laws, rules or reguesses district lines and tracts shall be attached to the soccurring during the scape. The second secon	this bus transports pul- the State Superintender standards as establishe approved driver to oper ers to solicit students fr- ulations governing scho- ansports students from e county superintenden shool year require the fil- tiol bus and state rein	Dils eligible for school to this to make such report of by the Board of Public as recommended by the Board as recommended by the Board of Public as recommended transportation will be outside the district, a control of the Board of the Boar	ransportation as defined by 20- s to the State Superintendent a ic Education, the Montana High juired by 20-10-103, MCA. In areas. In a superintendent a superintendent a in the superintendent between the superint. In form and approval of the Counand complete to the best of	and County Superintendent as are way Patrol and the State ag of state and county reimbursement for Boards, 20-10-126(2) MCA, signed by anty Transportation Committee in my knowledge and belief, and the
ous operates on the route as Signature - Chair, Board of Trus		iiii the transportatioi	service area assig		rtation Committee. ate
This Application for Registra	tion of School Bus and	d State Reimbursem		ordance with Section 20-1 wed and I certify that this but	0-132, MCA. s operates within the transportation
area assigned to it by the Co Signature - Chair, County Trans	, ,	ommitte.		Da	ate



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

Signature - Chair, County Transportation Committee



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